MWMA

11/25/19 Version 1.0

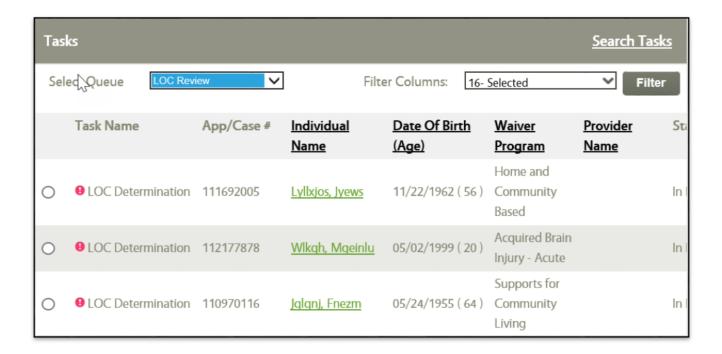
This	Quick	Reference	Guide	is	designed	to	help	CHFS	Internal	Reviewers	understand	the
proce	ess of i	reviewing a	n Indivi	dua	al's LOC A	SSE	essme	nt and	making a	a LOC deter	mination.	

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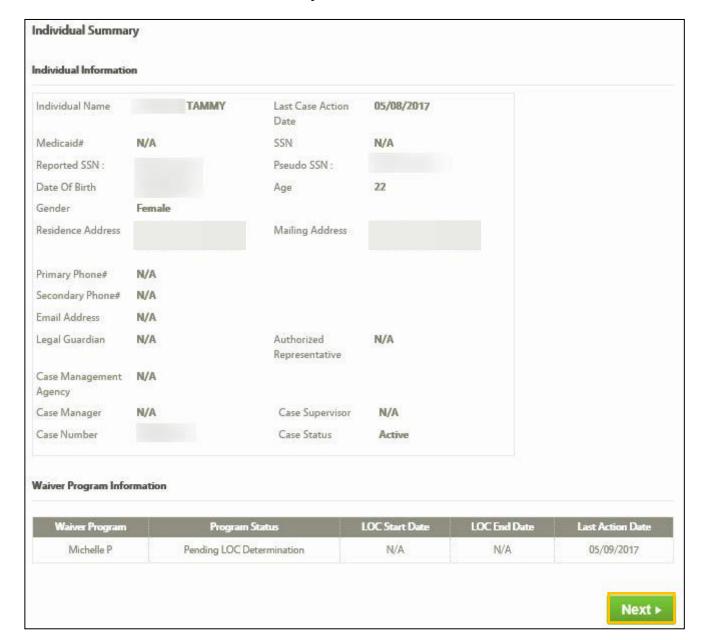
1. LOC Review Overview

Once an Individual's Level of Care (LOC) Assessment is performed, results are recorded, and all necessary documents are uploaded, the CHFS Internal Reviewer group receives a task to make a LOC Determination based on the information provided.

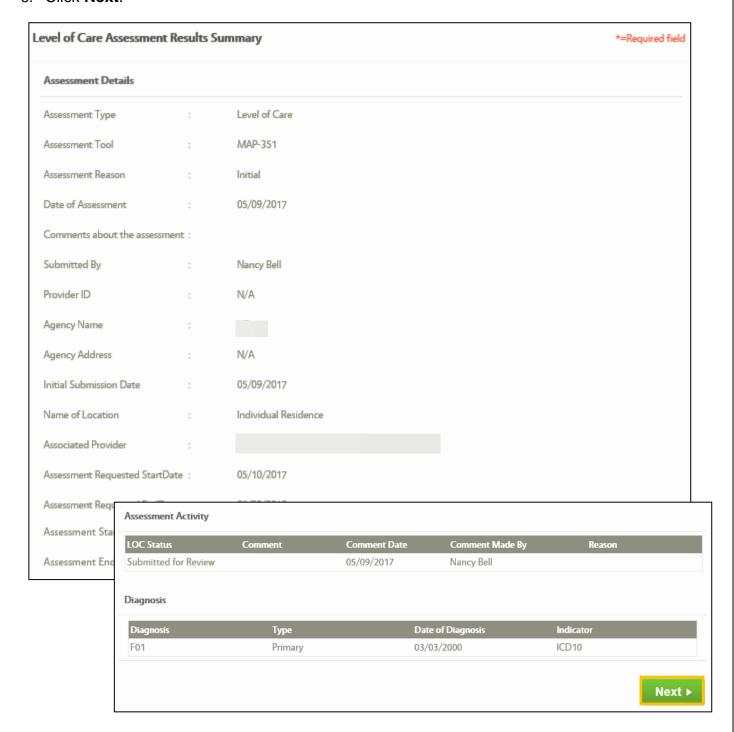
- 1. In the *Tasks* table on the **MWMA Dashboard**, select **LOC Review** from the *Select Queue* dropdown.
- 2. Click **Start** next to the *LOC Determination* task to begin the task.



3. Click Next on the Individual Summary screen.



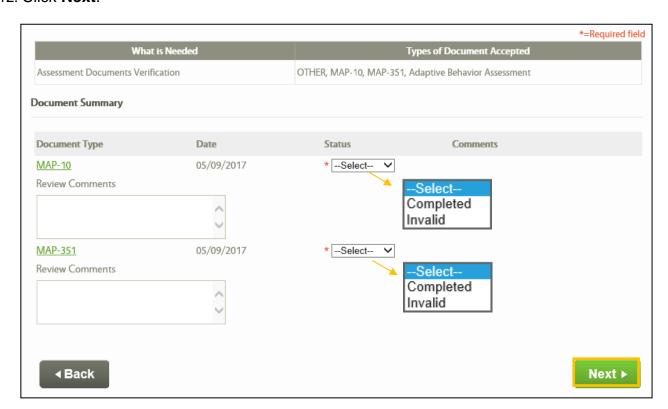
- 4. Review the Level of Care Assessment Results Summary screen.
- 5. Click Next.



- 6. Review the **Diagnosis** screen.
- 7. Click Next.



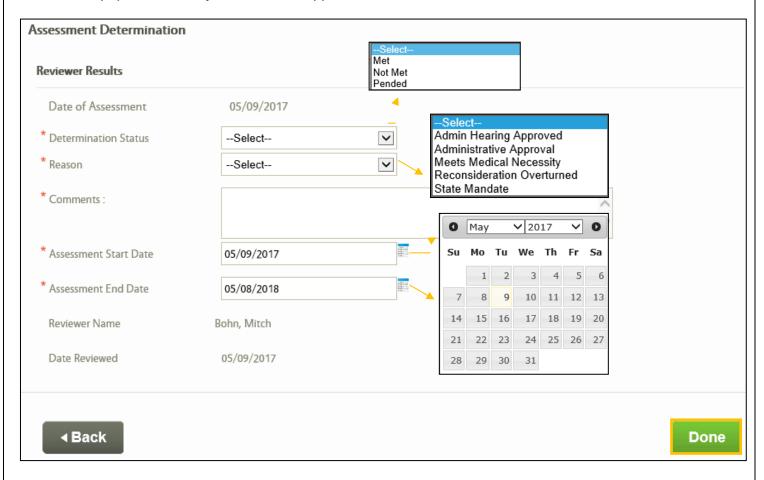
- 8. Review the uploaded documents.
- 9. Click the **green hyperlink** of the document to review its content.
- 10. Mark each of the documents as **Invalid** or **Complete** in the *Status* drop-down.
- 11. Provide appropriate **comments** in the *Review Comments* field, if applicable.
- 12. Click Next.



- 13. Select **Met**, **Not Met**, or **Pended** in the *Determination Status* drop-down.
- 14. Enter the **reason** for the status in the *Reason* field
- 15. Enter appropriate **comments** in the *Comments* field.
- 16. Enter the **start date** in the Assessment Start Date field.
- 17. Enter the **end date** in the Assessment End Date field.
- 18. Click **Done**.

In the situation where LOC is marked as 'Not Met', the correspondence generated for the Individual must be sent via certified mail. As MWMA does not currently have the capability for sending mail certified, a task is triggered for this letter to be manually printed by CHFS and sent certified to the intended recipient(s).

Please Note: These fields update based on the Determination Status chosen. Additionally, the dates on this screen auto-populate but may be edited, as applicable.



The *Reason* field updates based on the *Determination Status*:

Determination Status			
Met	Not Met	Pended	

Met

Admin Hearing Approved – The denial was overturned after an Administrative hearing was concluded. Administrative Approval – No longer applicable

Meets Medical Necessity - This is the standard selection when participant meets LOC.

Reconsideration Overturned – An initial reviewer overturns an initial decision of Level of Care Not Met. State Mandate – No longer applicable

Not Met

Admin Hearing Denied – Agency decision was upheld by the Hearing Branch.

LOI (Lack of Information) – Lack of information wasn't returned within appropriate timeframe.

Not Medically Necessary- Individual does not meet medical necessity, program regulation, and nursing facility regulations.

Reconsideration Upheld – A request for reconsideration was reviewed by DMS and decision was upheld by a 2nd Reviewer.

Pended

PDS Budget – No longer applicable

Client Review – No longer applicable

LOI (Lack of Information) – Additional information is needed in order to make a Level of Care Determination.

MD Review – No longer Applicable

Pending Initial Review – Internal reviewer can update the status to pending if the need arises to exit the screen before making a determination. The task will remain in 'Continue' status. User can return to complete the review at a later time.

2. Updates to Correspondences

Correspondence Correspondence Name		Summary of Changes		
WCM-033	LOC Determination	Minor text updates		